



## **ENERGY AND ENVIRONMENT CABINET**

**DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
DIVISION OF WASTE MANAGEMENT  
200 FAIR OAKS, 2<sup>ND</sup> FLOOR  
FRANKFORT, KY 40601  
TELEPHONE NUMBER (502) 564-6716**

### **Application for Renewal of a Formal Permit Form DEP 7095 (3/92)**

#### **GENERAL INSTRUCTIONS**

- 1. APPLICABILITY** - This form must be complete and submitted to the Cabinet by persons requesting the renewal of a permit for a solid waste management facility. The Cabinet will publish a public notice pursuant to the requirements of KRS 224.40-310(14).
- 2. ASSISTANCE** – Questions regarding this form may be directed in writing to the Division of Waste Management, Solid Waste Branch at the address listed above, or by calling (502) 564-6716.
- 3. SUBMISSION** – Please type or print legibly in permanent ink. Submit the original and one (1) copy of the completed form to the Division of Waste Management at the address listed above. If an item is not applicable to your facility write “N/A” in the space provided.

- 4. FILING FEES – - Applicants must submit a filing fee at the time of application submittal in accordance with 401 KAR 47:090, Section 2(4) for Solid Waste facilities or 401 KAR 45:250 Section 2(1)(e) for Special Waste Facilities.**
- 5. LAWS AND REGULATIONS – Applicants are expected to understand and comply with all laws and regulations applicable to the facility.**

Statutes and regulations may be viewed online at the following website addresses: <http://www.lrc.ky.gov/search.htm>

Solid waste application forms are available at the following website address: <http://www.waste.ky.gov/forms/>

To assist you in the submittal of a complete and accurate application, the Division has identified the most common errors made in the review process. These errors are listed below for your convenience.

1. Failure to provide the appropriate fee.
2. Failure to complete all parts of the application.
3. Failure to comply with public notice requirements. See KRS 224.40-310 and 401 KAR 47:140, Section 7 for more information.
4. Failure to comply with Financial Assurance requirements. If the existing financial assurance is insufficient to fully cover current closure and post-closure costs, updates will be required.
5. Failure to properly sign and notarize the application. See KRS224.01-010(44) and 401 KAR 47:160 for more information.
6. Failure to provide appropriate, fully completed attachments. Maps, drawings, narratives or any attachments that lack sufficient detail or drawings that are not signed, dated and sealed by a professional engineer or geologist may cause delays in the review and approval of the application.



## Application for Renewal of a Formal Permit

1. Permit Number:      2. County:      3. Date Submitted:      - - -
4. Agency Interest Number:      5. Permit Expiration Date:      - - -
6. Number of years for which the Renewal is requested:
7. Proposed Permit Expiration Date:      - - -
8. Fee submitted: \$      9. Check or Money Order #:
10. Method of payment:      ☐ Check  
   ☐ Money Order  
   ☐ Cashier's Check  
   ☐ Exempt (Publicly Owned Facility)  
   ☐ Other – explain:

## Applicant Information

11. Permittee Name:
12. Mailing Address:
13. City:      14. State:      15. Zip Code:      -
16. Contact Person:      17. E-Mail Address:
18. Phone #: (    )    -      19. Cell #: (    )    -      20. Fax #: (    )    -

## Facility Information

21. Facility Name:
22. Physical Address:
23. City:      24. State:      25. Zip Code:      -
26. Contact Person:      27. E-Mail Address:
28. Phone #: (    )    -      29. Cell #: (    )    -      30. Fax #: (    )    -
31. Mailing Address (if different from physical address):
32. City:      33. State:      34. Zip Code:
35. Contact Person:      36. E-Mail Address:
37. Phone #: (    )    -      38. Cell #: (    )    -      39. Fax #: (    )    -



## Operator Information

40. Certified Manager:

41. Mailing Address:

42. City:

43. State:

44. Zip Code:

45. Phone #: ( ) -

46. Fax #: ( ) -

47. Cell #: ( ) -

48. E-Mail Address:

49. Certified Operator:

50. Mailing Address:

51. City:

52. State:

53. Zip Code:

54. Phone #: ( ) -

55. Fax #: ( ) -

56. Cell #: ( ) -

57. E-Mail Address:

## Permit Information

58. Permit Type: Check all that are applicable.

- ☐ Contained Landfill Facility
- ☐ Construction/Demolition Debris Landfill Facility
- ☐ Residual Landfill Facility
- ☐ Residential Landfill Facility
- ☐ Special Waste Landfill Facility
- ☐ Special Waste Landfarm Facility
- ☐ Special Waste Composting Facility
- ☐ Other – Explain:
- ☐ Other – Explain:
- ☐ Other – Explain:
- ☐ Other – Explain:

59. Provide, as **Attachment 1**, a current worst-case closure and post-closure maintenance cost estimate.

60. Provide Past Performance Information (Disclosure):

For a Solid Waste Facility, complete **Form DEP 7087**.

For a Special Waste Facility, complete **Form DEP 7094J**.



**61. Provide the following information for the current approved permit:**

- a. Is the facility currently accepting waste? ☐ Yes ☐ No
- b. If yes, what is the anticipated closure date? - -
- c. Total Permit Area: . acres
- d. Permitted Waste Disposal Area: . acres
- e. Current Average Fill Rate: Tons Per Day . Days Per Week
- f. Remaining air space as of last annual survey: . Cubic Yards
- g. If the remaining air space is calculated by any method other than an annual survey, describe the method used.

<b>Financial Information</b>
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**62. Complete the following section for all Financial Instruments currently on file for this facility:**

<input type="checkbox"/>	<b>Mechanism</b>	<b>Name of Provider</b>	<b>Instrument #</b>	<b>\$ Amount</b>
<input type="checkbox"/>	Letter of Credit			\$ .
<input type="checkbox"/>	Surety Bond			\$ .
<input type="checkbox"/>	Escrow Agreement			\$ .
<input type="checkbox"/>	Budget			\$ .
<input type="checkbox"/>	Financial Test			\$ .
<input type="checkbox"/>	Certificate of Insurance			\$ .
<input type="checkbox"/>	Trust Account			\$ .
<input type="checkbox"/>	Other – Explain			\$ .
<input type="checkbox"/>	Other – Explain			\$ .
<input type="checkbox"/>	Other – Explain			\$ .

## Public Notice

PURSUANT TO APPLICATION NO. \_\_\_\_\_

The Energy and Environment Cabinet, Division of Waste Management has received a permit renewal application for a \_\_\_\_\_ (Facility Type) from \_\_\_\_\_ (Facility Name)

The renewal application proposes to extend the expiration date of Permit No. \_\_\_\_\_ to \_\_\_\_\_ (Date)

The site or facility is located in \_\_\_\_\_ County, Kentucky.

The name and address of the applicant for the permit renewal is:

Contact Person: \_\_\_\_\_

Any person may submit comments on whether the renewal of the permit should be approved. Written comments may be submitted for a period of thirty (30) days following the date of publication of this notice. Written comments must be addressed to:

ENERGY AND ENVIRONMENT CABINET  
DIVISION OF WASTE MANAGEMENT  
200 FAIR OAKS LANE, 2<sup>ND</sup> FLOOR  
FRANKFORT, KY 40601

Please refer to Permit No. \_\_\_\_\_ in any comments submitted on this renewal application.



## Certification

**63. Pursuant to 401 KAR 47:160, Section 6**, a person with signature authority such as a sole proprietor, owner, partner, corporate officer, plant manager, LLC member, mayor, county judge executive or other authorized official must sign this certification statement.

**NOTE: Consultants may not sign the following certification statement.**

**“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations.”**

Name of Person Signing (type or print): \_\_\_\_\_

Title of Person Signing: \_\_\_\_\_

Date:     -     -     -

Signature per 401 KAR 47:160: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, Year 20 \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_ My commission expires: \_\_\_\_\_

